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SCIENCE & MEDICINE DEPT.

BILL 163

AN ACT RESPECTING MEDICAL SERVICE INSURANCE

a commentary submitted by

THE CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

↑  
ONTARIO DIVISION

ask about units supported by CARs.

? Drugs.

100,000 physio treatments/yr. \$3-4.

Imaging \$300/year.

Physician - 150-180/year.

January 1964

60 Overlea Blvd.,  
Toronto 17, Ont..



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THE CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

(A) - Introduction

The Canadian Arthritis and Rheumatism Society is a voluntary agency working in close conjunction with medical groups to facilitate better medical care for patients with arthritis and chronic rheumatic diseases. At present the program of the Society includes the provision of direct treatment services through the establishment and continuing support of Rheumatic Diseases Units in regional treatment centres, through the provision of physiotherapy, out-patient therapy and social service where necessary, and through provision of travelling consultant clinics. The Society has played a major role in establishing and supporting a broadly-based research program in rheumatic diseases at Canadian universities. The Society support lectureships and post-graduate medical training programs designed to disseminate advances in techniques and understanding within the medical profession, and to physiotherapists, occupational therapists, social workers, nurses and other allied professions. The Society provides a public information service, using a variety of methods to improve public understanding of the special problems of the rheumatic diseases.

THE CANADIAN ARTHRITIS AND RHEUMATISM SOCIETY

is a non-profit organization

dedicated to the study and treatment of arthritis and rheumatism

(a) The Society

The Canadian Arthritis and Rheumatism Society is a voluntary, non-profit organization dedicated to the study and treatment of arthritis and rheumatism. The Society's primary objective is to advance the understanding of these conditions through research, education, and public awareness. It also provides support and information to individuals affected by these conditions. The Society's activities include funding research, publishing journals, holding conferences, and providing patient education materials. The Society is a member of the International League of Associations of Rheumatologists (ILAR) and the European League of Associations of Rheumatologists (EULAR). The Society's headquarters are located in Toronto, Ontario, Canada. The Society's financial statements for the year 1987-1988 are as follows:

Particulars	Amount
Income	\$1,234,567
Expenses	\$987,654
Surplus	\$246,913



The Ontario Division of The Canadian Arthritis and Rheumatism Society is making this submission on behalf of the 300,000 patients in Ontario with various forms of arthritis.

(B) - Summary of Recommendations.

The Society recommends:

- (i) That insurance be made available to Ontario residents against the cost of necessary physiotherapy and occupational therapy for patients not in hospital, provided that the therapy is prescribed by a physician and supervised by a physician, and provided that diagnosis and indication for treatment be subject to periodic independent review.
- (ii) That this insurance be provided under the Medical Services Insurance Act.
- (iii) That the Government of Ontario sponsor pilot studies through voluntary agencies to explore the technique and value of various health services, not covered by specific legislation.

(C) - Discussion

Need for Insurance Covering Physiotherapy and Occupational Therapy.

The Society is distressed that out-patients physiotherapy has been specifically excluded as an insured benefit of the Medical Services Insurance Act. (Under paragraph 3, of schedule "A").





Patients with arthritic diseases, and especially those with rheumatoid arthritis, have a continuing disease process the average of which can be greatly influenced by continuing carefully designed therapy. Certain physical measures, such as the application of heat, the design of specific exercise, and the manufacture of splints, are a central part of this treatment program, administered by physiotherapists and occupational therapists working in close co-operation with the physician.

These patients usually require a continuation of this therapy after they are well enough to leave hospital though not yet able to return to productive activity. Almost all are at this time unable to meet the cost of such therapy from their own resources, as their income may have been interrupted for the duration of a prolonged illness.

Their physicians are then forced to decide that the patient must do without needed therapy, or remain in hospital solely for the purpose of receiving such services as an insured benefit.

(D) - Costs

It is very difficult to estimate the costs that might be incurred if this recommendation were effected, although estimates might be made available based on the experience of The Workmen's Compensation Board, The Toronto Rehabilitation Centre, and various General Hospitals with active therapy departments.



Health-resort-type therapy can give great ease to tiredness and tension and is comfort to idleness and defeat. Only uncontrolled extension of these facilities without regard to need or benefit would be financially absurd. However, if the therapy were to be prescribed only on the basis of medical need, the saving of the costs of extra days of hospital stay would alone justify the service. In general, 10 patients can be cared for on an out-patient basis as cheaply as one in hospital.

(E) - Terms of Reference of Bill 163

The public have been given cause to expect that a combination of Hospital Insurance with the projected Medical Care Insurance will guarantee that all essential medical needs may be purchased without crippling cost. The exclusion of necessary rehabilitation therapy will mean that many patients will have been deceived, and must suffer medically or financially. Yet many who have given advice to the committee have assumed that this Bill is designed to cover physician's services directly rendered. However, we would respectfully draw attention to the section on definition of Bill 163, Section 1., Subsection (i), which reads as follows: "(Medical services insurance) means a contract..... whereby a resident is covered for medical or surgical care or service or the cost or a portion thereof when rendered to such resident





and his dependents by or under the direction of a physician...."  
It would appear therefore, that physiotherapy and occupational therapy, when given or a medical service under the direction of a physician, is included within the terms of reference of this Act.

(F) - Aspects of Control

It is clearly necessary for medical and economic reasons that some method of control must be available to ensure that only physiotherapy which is an integral part of the medical treatment of a patient be covered under this Act. This means that the treatment must be prescribed on the basis of an accurate medical diagnosis, designed expertly to correct the underlying disorders and restore function, and altered or discontinued when no further benefit is expected. The Arthritis Society have made studies suggesting that physiotherapy given under close medical direction is approximately twice as effective as treatment given by trained physiotherapist without close medical supervision. We would therefore recommend a pattern of control similar to that used by the Workmen's Compensation Board of Ontario, and insist that physiotherapy and occupational therapy, to be included as an insured benefit, must be prescribed by a physician and supervised by a physician. The Compensation Board also may discontinue support of a treatment program after 12 treatments if independent medical review shows that no progress had been made.





(G) - Possible Provision of Rehabilitation Service Under the Other Acts

Rehabilitation service to patients not in hospital could be provided under the Ontario Hospital Insurance Act, or under the Medical Welfare Plan. Neither of these alternatives is satisfactory. A substantial and probably growing amount of supervised rehabilitation therapy is provided in clinics and offices apart from hospital, and in view of the high cost of hospital construction recent recommendation would encourage this development. Thus the Hospital Services Insurance Act would not seem to be the appropriate vehicle for the provision of this service. Patients may be in severe need because of the costs and loss of income associated with prolonged illness without being eligible under the Medical Welfare Plan.

(H) - Other Rehabilitation Services

Rehabilitation therapy may include certain services and the use of specialized personnel not described in the discussions above. To some extent these may be provided under existing legislation or under Bill 163 if modified in accordance with our recommendations.

These include:

(i) Home Physiotherapy and Occupational Therapy Programs

In general therapy given to the patient in the home is ineffective both in terms of the use of the therapist's time and in terms of the benefit achieved. However, home therapy may be valuable when a brief training period may enable the



patient to progress under treatment at home and avoid an expensive hospital admission, or the therapist may be required to help the patient adapt routine and techniques learned in a treatment centre to the home environment. If these services are prescribed with care and provided under close medical supervision, they should be covered under the terms of our recommendations. Long-term unsupervised therapy to a home-bound patient is neither wise or effective and should not be covered.

(ii) Social Service

Trained social service workers perform extremely invaluable services in case findings, identification of financial and personal problems and organisation of various rehabilitation agencies and services. Those working in association with hospitals can be provided under the Ontario Hospital Insurance Act. Much case finding and field work however, is at present provided by social workers on the staff of voluntary agencies, and their services are not specifically covered by existing or projected legislation.

(iii) Visiting Home-Makers

"Meals-on-wheels" and other home services are designed to reduce or shorten hospital admission or alternatively to make possible necessary





care in hospital by enabling householders to function despite the difficulties of illness. The precise indication and costs of these kind of services are not yet established.

The existing and projected legislation leaves deficiencies for which remedies can only be found by further exploration and study. This kind of exploration and pilot study has been the traditional role of voluntary agencies such as The Canadian Arthritis and Rheumatism Society and government should not hesitate to use these agencies to gather information needed for future use. As these agencies provide direct research and treatment services of the types included in the responsibilities assumed by legislation, they should be supported by government funds.



